
Western State Hospital Psychology Practicum Handbook

2008-2009



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QUALIFICATIONS TO APPLY FOR A PSYCHOLOGY PRACTICUM POSITION AT WESTERN STATE HOSPITAL

Western State Hospital (WSH) is pleased to offer practicum placements to students pursuing a PhD or PsyD degree from APA-approved clinical and counseling psychology programs. Generally, WSH trains approximately 4-6 psychology practicum students yearly.

Specific Qualifications for Consideration of Acceptance in WSH's Practicum Program:

1. Students must be approved for practicum placement at their respective universities and have successfully completed at least one year of practicum placement prior to acceptance at Western State Hospital.
2. Students must be willing to commit to a 10 to 12-month practicum (generally from September to August), which consists of one or two rotations, 15 to 20 hours per week.
3. Students must obtain professional liability insurance coverage prior to starting the practicum.
4. Students must successfully complete a criminal background check that indicates he/she is able to work with vulnerable populations.
5. All students must be willing to sign an Oath of Confidentiality, in which the student agrees to adhere to HIPPA standards and the appropriate maintenance of Protected Health Information (PHI).
6. Students must attend on grounds Orientation, Bloodborne Pathogen, and Safety training.
7. Students must complete TB and other health screenings congruent with volunteer status at WSH.
8. Possession of a Master's Degree in a social science related field is preferable but not a requirement of acceptance into WSH's Psychology Practicum Program.

Application Procedure:

Please send (e-mail) the following to the Director of Practicum Training:

1. A letter of interest and vitae.
2. Two letters of recommendation.

If approved at this level, an interview with three to five members of the practicum committee will be scheduled, and final selections made after the interview. At this time we are able to accept four to six practicum students per year. Applications have thus far always exceeded the number of available practicum student positions.

WESTERN STATE HOSPITAL—AN OVERVIEW

Western State Hospital (WSH), the first psychiatric facility in the Pacific Northwest, opened in August 1871. It is a state-owned psychiatric hospital for treatment of the mentally ill and is administered by the Department of Social and Health Services (DSHS), Division of Mental Health. The hospital is situated

on a 264-acre campus ½ mile from the town of Steilacoom, which is located on Puget Sound overlooking islands and the Olympic Peninsula. The Tacoma Narrows Bridge to the Olympic Peninsula is about 10 miles distant, and the hospital is located near Tacoma and about 40 miles south of Seattle. The historic Fort Steilacoom compound, with officers' quarters and parade grounds from the days when Ulysses Grant was a Captain, remains on the Western State Hospital Campus.

Western State Hospital is an integral part of a comprehensive network of mental health service providers for the State of Washington. A primary Hospital objective is to provide residential treatment for those individuals whose psychiatric condition is so severe that local community treatment is not feasible. Patients are treated for such problems as acute and/or chronic Schizophrenia, Bipolar Disorder, Schizoaffective Disorder, and Dementia. Mental and emotional problems are such that they cannot be safely treated in an unlocked facility. It is noted every effort is made to return patients to the community as quickly as is reasonably possible.

WSH also offers treatment for legal offenders who may benefit from treatment in a hospital setting. The hospital's mission is "To promote recovery and well-being in partnership with the people we serve." The ultimate goal is to restore independent functioning and reintegrate individuals back into their communities in the shortest time compatible with sound treatment philosophy. Upon discharge, patients are referred to local community mental health centers or to private practitioners for follow-up care.

The Hospital is organized around three major treatment units: Center for Forensic Services (CFS), Center for Adult Services (CAS), and Center for Older Adult Services (COAS). These three centers house clients on over 30 separate wards. Additionally, the Child Study and Treatment Center (CSTC) is located near the East campus of WSH.

Over 2000 WSH staff members provide care for approximately 900 adult clients around the clock. WSH has a large psychology faculty, made up of over 50 psychologists and psychology associates (clinicians who have a masters or doctorate in psychology but are not licensed). Members of WSH's Psychology Department are found at all levels of the hospital organization and play key leadership roles. They offer a wide range of services including group and individual psychotherapy, psychological testing, designing and overseeing treatment programs for patients, and participating in civil and criminal court proceedings. Psychology staff members collaborate with physicians, psychiatrists, social workers, rehabilitation therapists and nursing staff to provide a multidisciplinary approach to care and services. There are opportunities for practicum students to work with Psychologists in most of these areas.

Practicum opportunities are available at Child Study and Treatment Center (CSTC). CSTC is a 47 bed unit for children aged 5-18 with complex psychiatric and behavioral difficulties. CSTC is located on the south east corner of the WSH campus. There are three cottages serving youth of specific age ranges: Camano Cottage (5-12), Ketron Cottage (12-15), and Orcas Cottage (15-18). Generally children stay between 3-9 months, and the vast majority are voluntarily hospitalized. CSTC is the only state psychiatric hospital for children in Washington. Practicum students will attend clinical meetings, participate in treatment planning, co-lead psycho-educational groups, interact in the milieu, join clinical rounds, and observe forensic interviews. CSTC has 7 licensed psychologists on staff, generally two University of Washington postdoctoral fellows, and often an APA psychology intern. Rotations are available for 3-12 months depending on interests and may be combined with the WSH practicum.

DIVERSITY OPPORTUNITIES

The Mental Health Division of the Washington State Department of Social and Health Services (DSHS), which includes Western State Hospital, adopted a Diversity Initiative in 2001. The Initiative set forth goals for client services, employment, contracting, education and training.

Recruiting and hiring efforts to increase ethnic minority and disability representation at Western State Hospital are coordinated by the Washington State Department of Personnel. The Chief Financial Officer at Western State Hospital has made purchasing from and contracting with minority and women's business enterprises a priority.

Training in diversity issues is mandatory for all staff, and a practical guide that incorporates understanding of cultural and ethnic differences into treatment activities is available on hospital wards. Western State Hospital houses an ethnically diverse patient population, and practicum students have the opportunity to work with foreign language interpreters when treating patients whose first language is other than English. In addition, students have the opportunity to work with American Sign Language interpreters to help communicate with patients who are hearing-impaired. The ASL interpreters are hospital employees.

Approximately 76% of those we serve are Caucasian, 15% African American, 5% Hispanic, and 4% Asian (includes Cambodian, Chinese, Filipino, Japanese, Korean, Laotian, and Vietnamese). Of the psychologists on staff, approximately half are women, Asian, Hispanic, African American and self-identified persons with a disability are also present among the psychology staff. Additionally, there are psychologists who identify themselves as gay or lesbian among our staff.

CORE COMPETENCIES FOR PRACTICUM STUDENTS

Western State Hospital adheres to the recommendations of core practicum competences, based on The Association of Directors of Psychology Training Clinics Practicum Competencies Workgroup, May 20, 2004. These core competencies include:

1. Relationship/Interpersonal Skills

The ability to form and maintain productive relationships with others is a cornerstone of professional psychology. Productive relationships are respectful, supportive, professional and ethical. Professional psychologists should possess these basic competencies when they first begin their clinical training. Although the ability to form such relationships is grounded in basic skills that most students will have developed over the course of their lives to date, helping the student hone and refine these abilities into professional competencies in the clinical setting is a key aim of the practicum.

In particular, the practicum seeks to enhance students' skills in forming relationships:

- a) With patients/clients/families:
 - i. Ability to take a respectful, helpful professional approach to patients/clients/families.
 - ii. Ability to form a working alliance.
 - iii. Ability to deal with conflict, negotiate differences.

- iv. Ability to understand and maintain appropriate professional boundaries.
 - b) With colleagues:
 - i. Ability to work collegially with fellow professionals.
 - ii. Ability to support others and their work and to gain support for one's own work.
 - iii. Ability to provide helpful feedback to peers and receive such feedback non-defensively from peers.
 - c) With supervisors, the ability to make effective use of supervision:
 - i. Ability to work collaboratively with the supervisor.
- Collaboration means understanding, sharing and working by a set of common goals for supervision. Many of these goals will change as the student gains professional competence, although a core goal, of working cooperatively to enhance the student's skills as a clinician, will remain constant. Competencies ii and iii below may be considered aspects of collaboration with the supervisor.
- ii. Ability to prepare for supervision.
 - iii. Ability/willingness to accept supervisory input, including direction; ability to follow through on recommendations; ability to negotiate needs for autonomy from and dependency on supervisors.
 - iv. Ability to self-reflect and self-evaluate regarding clinical skills and use of supervision, including using good judgment as to when supervisory input is necessary.
- d) With support staff:
 - i. Ability to be respectful of support staff roles and persons.
 - e) With teams at clinic:
 - i. Ability to participate fully in team's work.
 - ii. Ability to understand and observe team's operating procedures.
 - f) With community professionals:
 - i. Ability to communicate professionally and work collaboratively with community professionals.
 - g) For the practicum site itself:
 - i. Ability to understand and observe agency's operating procedures.
 - ii. Ability to participate in furthering the work and mission of the practicum site.
 - iii. Ability to contribute in ways that will enrich the site as a practicum experience for future students.

2. Skills in Application of Research

Clinical practice in all health-care fields (e.g., medicine, nursing, dentistry) is based on accumulating research results, knowledge derived from practice, and the good judgment of the clinician. A core research knowledge base, and training in accessing and applying research knowledge to clinical practice form a core competency for psychologists.

- a) Development of skills and habits in seeking and applying theoretical and research knowledge relevant to practice of psychology in the clinical setting, including accessing and applying scientific knowledge bases.
- b) Understanding and application of theoretical and research knowledge related to diagnosis/assessment and intervention, diversity, supervision, ethics etc.

3. Psychological Assessment Skills

Psychological assessment is a fundamental competency for psychologists, and it includes comprehensive and integrated assessment from the initial interview, psychological testing, intervention and the evaluation of the outcome of psychological service. A foundation of knowledge and skill is needed for psychological assessment.

- a) Ability to select and implement multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families and groups.
- b) Ability to utilize systematic approaches to gathering data to inform clinical decision making.
- c) Knowledge of psychometric issues and bases of assessment methods.
- d) Knowledge of issues related to integration of different data sources.
- e) Ability to integrate assessment data from different sources for diagnostic purposes.
- f) Ability to formulate and apply diagnoses; to understand the strengths and limitations of current diagnostic approaches.
- g) Capacity for effective use of supervision to implement and enhance skills.

4. Intervention Skills

Intervention includes preventative, developmental and remedial interventions. Intervention and Psychological Assessment are the two fundamental operational competencies for psychologists, and they are typically the major focus of practicum training.

- a) Ability to formulate and conceptualize cases.
- b) Ability to plan treatments.
- c) Ability to implement intervention skills, covering a wide range of developmental, preventative and “remedial” interventions, including psychoeducational interventions, crisis management and psychological/psychiatric emergency situations, depending on the focus and scope of the practicum site.
- d) Knowledge regarding the concept of empirically supported practice.
- e) Knowledge regarding specific empirically supported treatment methods.
- f) Ability to apply specific empirically supported treatment methods.
- g) Assessment of treatment progress and outcome.
- h) Effective use of supervision to implement and enhance skills.

5. Consultation Skills/Interdisciplinary Collaborations

A key competency for psychologists is the ability to serve as competent and engaged consultants who bring value to a broad range of settings, contexts and systems that can benefit from skillful application [of] psychological knowledge. Competencies in this domain include:

- a) Knowledge of the unique patient care roles of other professionals.
- b) Ability to effectively relate to other professionals in accordance with their unique patient care roles.
- c) Understanding of the consultant’s role as an information provider to another professional who will ultimately be the patient care decision maker.
- d) Capacity for dialoguing with other professionals which avoids use of psychological jargon.
- e) Ability to choose and appropriate means of assessment to answer referral questions.

- f) Ability to implement a systematic approach to data collection in a consultative role.
- g) Consultative reports are well organized, succinct and provide useful and relevant recommendations to other professionals.

6. Diversity – Individual and Cultural Differences

The APA Multicultural Guidelines (APA, 2003) noted that “All individuals exist in social, political, historical, and economic contexts, and psychologists are increasingly called upon to understand the influence of these contexts on individuals’ behavior” (p.377). Thus every competency listed in this document is thoroughly linked to matters individual and cultural differences (ICD), including knowledge related to ICD, as well as awareness of, respect for, and appropriate action related to ICD. It is critical that practicum students begin to learn that culture influences the way that clients are perceived, the way that clients perceive the counselor, and the culture-centered practices may be more effective than practices developed for use with only one cultural group (e.g., European Americans). Practicum students need to know how individual and cultural differences influence clients’ recognition of a problem and appropriate solutions for that problem.

Specific competency areas related to ICD are important to identify and train for include:

- a) Knowledge of self in the context of diversity (one’s own attitudes, stimulus value, and related strengths/limitations) as one operates in the clinical setting with diverse others (i.e., knowledge of self in the diverse world).
- b) Knowledge about the nature and impact of diversity in different clinical situations (e.g., clinical work with specific racial/ethnic populations).
- c) Ability to work effectively with diverse others in assessment, treatment and consultation.

7. Ethics

During the practicum, the student will build on coursework in ethical practice, developing individual, practical knowledge of ethical practice, including linkage of the APA ethics code (APA, 2002) to behavior and decision making in actual clinical settings. In addition, students should increase and apply their understanding of legal standards (state and federal, e.g., HIPAA) and APA practice guidelines. Note that each of the domains described in this document is expected as a matter of course to be grounded in ethical practice.

More specifically, during practicum training the student will work to develop the following ethical competencies:

- a) Knowledge of ethical/professional codes, standards and guidelines; knowledge of statutes, rules, regulations and case law relevant to the practice of psychology.
- b) Recognize and analyze ethical and legal issues across the range of professional activities in the practicum setting.
- c) Recognize and understand the ethical dimensions/features of his/her own attitudes and practices in the clinical setting.
- d) Seek appropriate information and consultation when faced with ethical issues.
- e) Practice appropriate professional assertiveness related to ethical issues (e.g., by raising issues when they become apparent to the student).
- f) Evidence commitment to ethical practice.

8. Development of Leadership Skills

The 2001 Education Leadership Conference Practicum Competencies Workgroup identified beginning training in management and leadership skills as important. Presumably management and leadership skills are in evidence in any organized training setting; some deliberate effort to engage students in considering and practicing these skills in the practicum setting could foster their development. In particular, practicum students in vertical team settings, acting as Assistant Directors in clinics, participation in clinic discussions of organizational goals and policies regarding clinical, training and management activities. Note that familiarity with these issues is expected at the end of practicum.

- a) Recognition of one's role in creating policy, participation in system change and management.
- b) Understand the relationship between roles of supervisor, manager and executive.
- c) Understand the role of leadership in management success.
- d) Ability to identify leadership, business and management skills.
- e) Understand the purpose and process of strategic planning.
- f) Understand the basics of financial management as it pertains to clinical service delivery.
- g) Understand the purpose and structure of meetings and how to run them well.
- h) Ability to self-evaluate one's skills as manager and leader.

9. Supervisory Skills

Supervision is widely considered to be a core competency in professional psychology (e.g., 2002 Competencies Conference). Some of the initial groundwork for supervisory competence may be developed during the practicum, even though the core requirements for competent supervisory practice await the mastery of the other competencies listed in this document. Practicum programs are encouraged to consider how best to introduce students to this critical role. The basic groundwork that is specific to developing supervisory competency may be addressed to some extent in the practicum experience, including some exposure to the following areas. Note that beginning familiarity only with these issues is expected at the end of the practicum.

- a) Knowledge of literature on supervision (e.g., models, theories & research).
- b) Knowledge concerning how clinicians develop to be skilled professionals.
- c) Knowledge of methods and issues related to evaluating professional work, including delivering formative and summative feedback.
- d) Knowledge of limits of one's supervisory skills.
- e) Knowledge of how supervision responds appropriately to individual and cultural differences.

10. Professional Development

Practicum training is a key experience in professional development for the novice psychologist. Certain central features that characterize professional development in later professional life are a particular focus during the practicum, and serve as a foundation for continuing professional development. These can be gathered under the heading of:

- a) Practical Skills to Maintain Effective Clinical Practice

The student will develop practical professional skills such as:

- i. Timeliness: completing professional tasks in allotted/appropriate time (e.g., evaluations, notes and reports); arriving promptly at meetings and appointments.

- ii. Developing an organized, disciplined approach to writing and maintaining notes and records.
- iii. Negotiating/managing fees and payments.
- iv. Organizing and presenting case material; preparing professional reports for health care providers, agencies, etc.
 - v. How to self-identify personal distress, particularly as it relates to clinical work.
- vi. How to seek and use resources that support healthy functioning when experiencing personal distress.
- vii. Organizing one's day, including time for notes and records, rest and recovery etc.

These features may be considered to be a focal subset of a broader group of skills related to the clinician's professional development that will continue throughout the career. This broader group includes:

b) Professional Development Competencies

- i. Critical thinking and analysis.
- ii. Using resources to promote effective practice (e.g., published information, input from colleagues, technological resources).
- iii. Responsibility and accountability relative to one's level of training, and seeking consultation when needed.
- iv. Time management.
 - v. Self-understanding and reflection.
- vi. Self-care.
- vii. Awareness of personal identity (e.g., relative to individual and cultural differences).
- viii. Career development & professional identity (aided, for example, by attending professional development seminars, career development courses, practice job talks & interviews etc.).
- ix. Social intelligence; ability to interact collaboratively and respectfully with other colleagues.
- x. Willingness to acknowledge and correct errors.
- xi. Ability to create and conduct an effective presentation.

REQUIREMENTS OF PRACTICUM HOURS

The one year practicum experience consists of opportunities to engage in both psychodiagnostic and psychotherapeutic activities. During each practicum year, students will spend 15-20 hours per week at Western State Hospital. Students are required to obtain a yearly minimum of 600 supervised hours of practicum experience with at least 200 hours of face-to-face client contact.

SUPERVISION

Practicum students will have a primary supervisor and may have a secondary supervisor(s) for their rotations. All students will receive a minimum of 2 hours of weekly supervision. At least one of these hours will be face-to-face and the other could be in a small group format. One hour of supervision will be provided for every 10 hours of practicum experience. At least one hour per week must be completed

with the student's primary rotation supervisor. However, daily contact with primary and secondary supervisors may also provide more informal supervision.

- A. Only a licensed doctoral level psychologist with at least two years of post-licensure experience may be the primary supervisor of a practicum student. An MD or DO psychiatrist with at least three years post-licensure experience or an MSW (Masters of Social Work) with at least five years of post-licensure experience may serve as a secondary supervisor.
- B. A primary supervisor is responsible for assuring that the practicum student is meeting rotation duty expectations and maintaining appropriate standards of care. The primary supervisor is responsible for ongoing meetings with the practicum student to discuss performance issues and is responsible for end of rotation evaluations. The primary supervisor must sign a practicum student's monthly log hours to provide documentation of adequate supervision.
- C. Western State Hospital provides treatment in a multidisciplinary format. As a result, practicum students have the opportunity to interact with and learn from numerous professionals providing mental health services. For instance, the practicum student may participate in treatment conferences, attend clinical seminars provided by other disciplines, and may even provide joint services with a clinician who is not a psychologist (e.g., co-lead a therapy group with a Psychology Associate).
- D. The primary supervisor may receive feedback regarding the practicum student's performance from other disciplines, including secondary supervisors. However, only the primary supervisor may assign duties to the practicum student and write the formal end of rotation evaluations. The primary supervisor also remains responsible for the practicum student's behavior and assures that the student is meeting ethical and care standards, even when the practicum student is providing services with another discipline.
- E. Additional supervisory functions are as follows:
 - 1. During the initial supervisory session, *at the start of the Practicum*, the primary supervisor and the practicum student review the "Checklist of Required Documentation on File for Practicum Student" (see Appendix A) to make sure the practicum student has all the required materials. This checklist is then placed into the student's file, which is located in the Psychology Department. The supervisor and student will also review WSH Policy 1.8.2—Rights and Responsibilities of Volunteers.
 - 2. During the initial supervisory session *at the start of each rotation*, the supervisor and practicum student will review current training contract, and come up with a mutually agreed upon list of expectations and clinical duties that are required of the practicum student to successfully complete that practicum rotation. Subsequent supervisory sessions may be needed to review the above topics and make adjustments to current training contract as needed.

3. Throughout the rotation, supervisors negotiate specific goals and means for attaining them with practicum students. Together, they establish a weekly schedule of activities.
4. If the primary supervisor deems appropriate, practicum students may provide 1:1 treatment, psychological testing, and group psychotherapy without the supervisor present during every session of service. However, it is the supervisor's responsibility to make sure that all services provided by the practicum student are clinically appropriate, adequately documented, and meet relevant standards.
5. Primary supervisors review and countersign all written work completed by practicum students.
6. During supervisory sessions, the primary supervisor and practicum student evaluate progress toward goals and make any adjustments necessary for satisfactory completion of the rotation. Ongoing feedback regarding the student's performance and opportunities for correction of behavior should be provided.
7. Primary supervisors prepare written practicum student performance evaluations at the end of each rotation. Primary supervisors review these evaluations with their students, and then submit them for review by the Practicum Training Director. The Director decides whether to recommend the practicum student to a future supervisor after reviewing the End-of-Rotation evaluations.
8. End-of-Rotation evaluations are routinely sent to practicum students' graduate programs, and copies are archived in the Psychology Department files. Copies of all end-of-rotation evaluations are provided at the student's request (e.g., requests for recommendation, documentation for licensure, etc.).
9. A supervisor feedback form is provided to every practicum student at the end of each rotation. Students are expected to provide feedback regarding their units and supervisors. These evaluations provide useful information for improving the Program and for helping the Committee to determine the best unit and supervisor "fit" for future students.

PRACTICUM LOGS

All practicum students are expected to complete the monthly and cumulative (semester) hour log forms. These forms must be signed by the student's primary supervisor and returned to the practicum faculty professor.

These logs are used to document the number of hours spent in clinical activities and supervision. Internships and eventually state licensure will need this documentation. Managing this paperwork in an

accurate and timely manner is considered an important aspect of the student's training experience. Failure to comply with this expectation may result in a grade of ***NO PASS*** for the practicum and a ***HOLD*** on the student's graduation.

PSYCHOLOGICAL TESTING

All batteries provided by practicum students will include clinical interview, mini mental status exam and incorporation of relevant history and collateral information

Batteries may include (a) an intellectual test such as the WAIS III or WISC IV; (b) self-report test such as the MMPI-2, MCMI-III, PAI. Additionally, students could add instruments as appropriate, including depression screening, instruments, projective drawings, Rorschach, TAT, WMS III, WRAT3, etc. If assessing a child or adolescent, appropriate testing equivalents should be used.

Batteries will be based upon the patient's need and will consist of instruments in which the student has been trained.

MANDATORY TRAINING AND EDUCATIONAL OPPORTUNITIES

Mandatory Trainings:

During the first week of the Practicum, students are oriented to the Hospital through New Employee Orientation. For their safety, they are required to complete assault-prevention training (TEAM) and training regarding infection control (Bloodborne Pathogens) prior to being allowed onto a ward. Instruction in both areas is a standard part of the practicum student's initial orientation.

The student's primary supervisor and/or Director of Practicum Training may require that the student complete specific trainings offered at WSH designed to address the practicum student's particular needs and any skill deficits.

Other Training Opportunities

Western State Hospital provides a wealth of clinical training experiences, and practicum students are encouraged to attend seminars that directly relate to providing psychological and mental health services.

These training experiences may include attendance and participation in:

- A. The Forensic Seminar Series that is offered as part of WSH's Psychology Internship Program. These seminars are held every Friday afternoon and begin in September.
- B. The Ongoing Internship Seminar Series that begins in January covers a variety of topics that are important to professional development. They occur every Monday afternoon. This series includes clinical supervision, diversity, consultation, and assessment procedures, psychopathology diagnosis and treatment, psychopharmacology, forensics, professional procedures, and ethics.

- C. Other Continuing Professional Education (CPE) seminars and workshops that are frequently scheduled for hospital staff.
- D. Per the discretion of their primary supervisor, practicum students are encouraged to attend Psychology Department Staff Meetings which are held the 1st Thursday of each month at 3:15 p.m. in either the Fitzsimmons Conference Room or Hamilton Conference Room. In addition, depending on the unit, practicum students may be encouraged to attend center staff meetings.

Practicum students must receive permission from their primary supervisor to attend all of the optional training opportunities.

LEAVE PROCEDURES

Practicum student work hours will be mutually agreed upon by the practicum student and supervisor at the start of every rotation. Whenever absent from these work hours, the practicum student must contact his/her rotation supervisor. Practicum students can negotiate with their supervisor(s) and the Director of Training to make up work they may have missed due to illness/absence.

If the practicum student's primary supervisor is absent during these work hours, the practicum student should contact the Director of Practicum Training, Dr. Larry Arnholt, (253) 756-2576 at the start of the shift.

In the event of job-related injury, Labor and Industry Insurance medical coverage is in force during the practicum student's stated hours/days of work.

IMPROVING COMPETENCY

Practicum students are not expected to possess all the skills and abilities of a licensed psychologist. The Practicum year should afford the opportunity for the student to identify deficits and take steps to improve his or her clinical skills. Practicum supervisors are expected to provide close monitoring of the student's activities and ongoing, supportive feedback to help the student improve.

If a severe competency deficiency is noted, the supervisor will review the practicum student's specific skills and recommend steps to rectify the deficiency. These may include close didactic instruction, special seminars or special assignments. The supervisor may consult directly with the Practicum Director to determine what steps should be taken to correct the problem.

If competency deficiencies are not corrected within reasonable time limits, the supervisor will provide specific information to the Director. The Committee will interview the supervisor and the student. If no other solution seems possible, the Training Director of the practicum student's graduate program will be contacted and apprised of the problem. The Training Director will work with the school to attempt to resolve the problem. If all solutions are ineffective, the practicum student's contract will be terminated.

Since dismissal is a very serious matter with extensive consequences for the practicum student, great care will be taken to ensure that the student is treated ethically, responsibly, and fairly.

DISCIPLINARY PROBLEMS

Disciplinary problems might include reporting to work late, arguments or interpersonal problems between a practicum student and supervisor or other staff, inadequate work performance, or unethical conduct. The supervisor must provide documentation if such problems arise and provide proposed resolution procedures in writing to the Training Director.

If all attempts at resolution fail, the practicum student's graduate program will be contacted and appraised of the problem. The Director of Training will work with the practicum student's school to rectify the problem. These efforts will include what role, if any, the practicum student's graduate program would like to play in addressing the problem. The Director of Training will ask for the graduate program's policies and procedures for identifying and dealing with problem trainees.

The Director of Training will maintain ongoing contact with the graduate program until the problem is resolved. This will include discussions of the remediation plan and plan for monitoring and evaluating the practicum student's performance. The practicum student will receive copies of all formal communication regarding his or her performance. If it is deemed necessary, the practicum student may be dismissed from the Program. Again, great care will be taken to ensure that the practicum student is treated ethically, responsibly and fairly.

NON-DISCRIMINATION INFORMATION AND STUDENT GRIEVANCES

WSH strives to create an environment in which people are treated with dignity, decency, and respect. The WSH Psychology Department is committed to providing training experiences to all practicum students in a manner that promotes the basic values outlined in the APA Ethics codes. Any practicum student who has concerns about personal safety due to patient actions or workplace violence issues (see WSH Policy 3.4.10) is advised to seek his/her primary supervisor or the Director of Practicum Training immediately. As per DSHS Policy 18.66, any student who believes he or she has been or is being discriminated against during the student's practicum duties, may file a complaint with the DSHS Human Resources Division, 1-866-723-0930.

Any student experiencing dissatisfaction or other difficulties related to Practicum program should immediately discuss the situation with his/her supervisor. If problems continue unresolved after discussion with the supervisor, interns should bring issues to the attention of the Director of Training.

If difficulties remain unresolved after consulting with the supervisor and Director of Training, the Director of Training shall initiate a formal process by documenting the grievance in writing and presenting the grievance document for review by the Practicum Committee at an emergency meeting to be held within fourteen days. During this emergency meeting:

1. The Director of Training and Practicum Committee shall discuss possible avenues of resolution, formulate a plan, and present the practicum student and his/her supervisor with a written copy of their recommendations for achieving resolution.
2. Should the above formal and informal processes fail to be resolved to the practicum student's satisfaction, the Director of Training shall communicate this fact to the practicum student's graduate program Training Director within two weeks. The communication will include (a) a concise problem statement, (2) the recommended resolution plan, (3) expected outcomes, (4) inquiry regarding the graduate program's desire to participate in the plan, and (5) a request for the graduate program's policies and procedures related to student grievance resolution.
3. The Director of Training shall maintain ongoing communications with the practicum student's graduate program until the problem is resolved and shall provide copies of all formal communications to the practicum student.

REQUIREMENTS FOR SUCCESSFUL COMPLETION OF PRACTICUM

The following practicum activities are to be completed satisfactorily:

1. Satisfactorily complete rotation(s).
2. Completion of at least one psychological evaluation (including testing), depending on individual training needs.
3. Demonstration of competence in co-leading group psychotherapy.
4. Demonstration of competence in conducting individual therapy. (Per discretion of the particular supervisor).
5. Attendance all required seminars and complete required trainings, unless excused by supervisor.
6. Completion of a minimum of 600 hours of hospital experience.
7. Demonstration of ethical conduct at all times and compliance with all WSH Policies. This includes full compliance with the American Psychological Association's Code of Ethics, Washington State's Ethics in Public Service Law, and Western State Hospital's Code of Ethics.

**WESTERN STATE HOSPITAL
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***Denotes Former Western State Hospital Intern**

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Developmental, Family Systems; Cognitive Behavioral, Juvenile Justice.

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CEO

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John F. Kennedy University
Child Program-Camano Cottage
Family Systems, Children, Conflict Resolution, Trauma

Checklist of Required Documentation on File for Practicum Student

- ☐ Student Vitae and letter of interest
- ☐ Copy of Practicum Site Contract
- ☐ Completed WSH Volunteer Application
- ☐ Completed Oath of Confidentiality
- ☐ Completed Criminal Background Check Documentation
- ☐ Completed Statement of Non-Discrimination
- ☐ Certificate Completed for TEAM Training
- ☐ Certificate for Completed Infection Control Checklist
- ☐ Completed Orientation Checklist
- ☐ WSH Identification Badge (must be worn at all times)
- ☐ New Employee Medical Screening Form that provides verification that student has provided documentation from health provider or completed the following at WSH Employee Health:
 - a. Tuberculosis screening (either skin testing by the Mantoux method or chest x-ray for positive responders).
 - b. Measles (Rubeola/Rubella) immunity or immunization.
 - c. Chickenpox (Varicella) immunity or immunization.